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FIG. 1

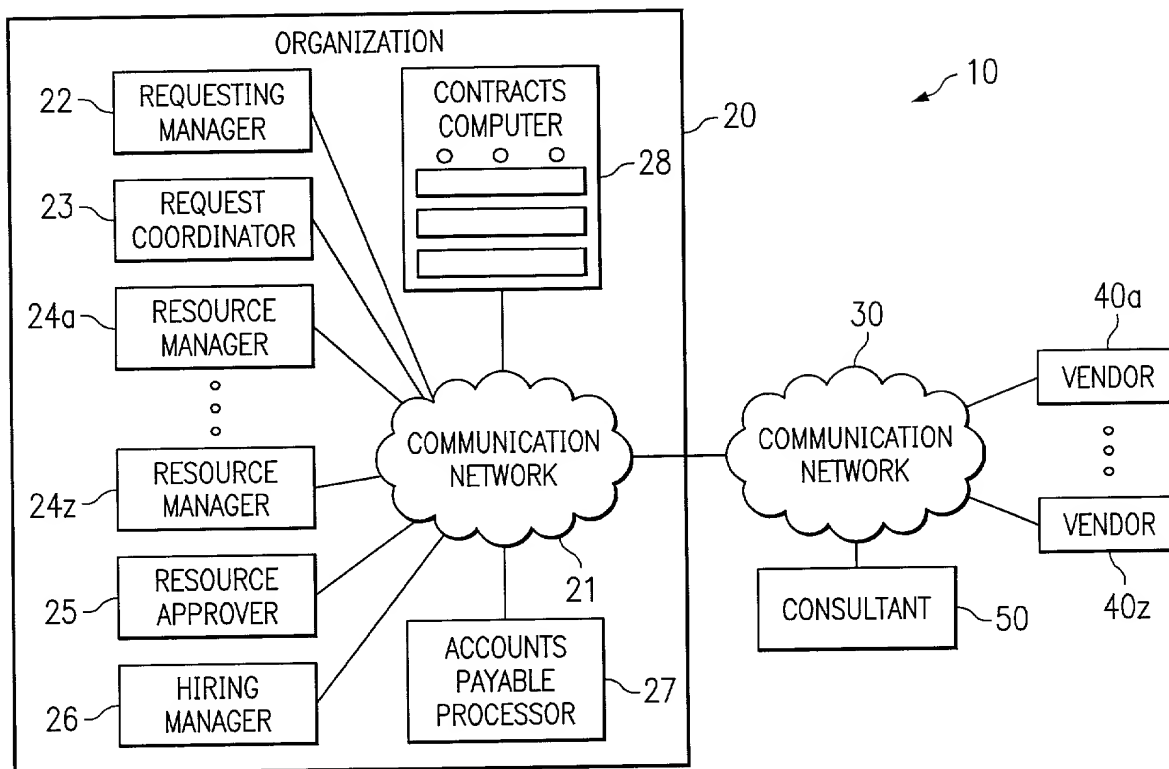
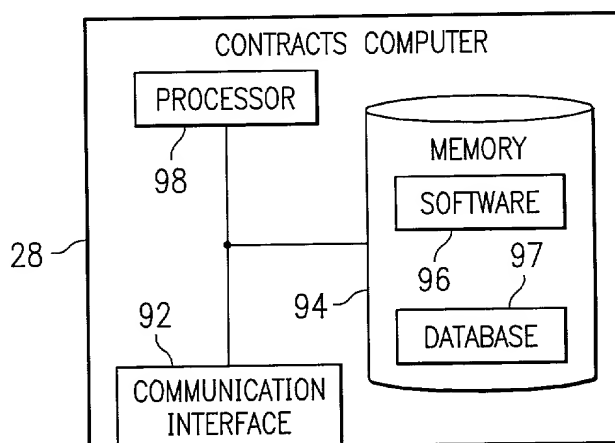


FIG. 7

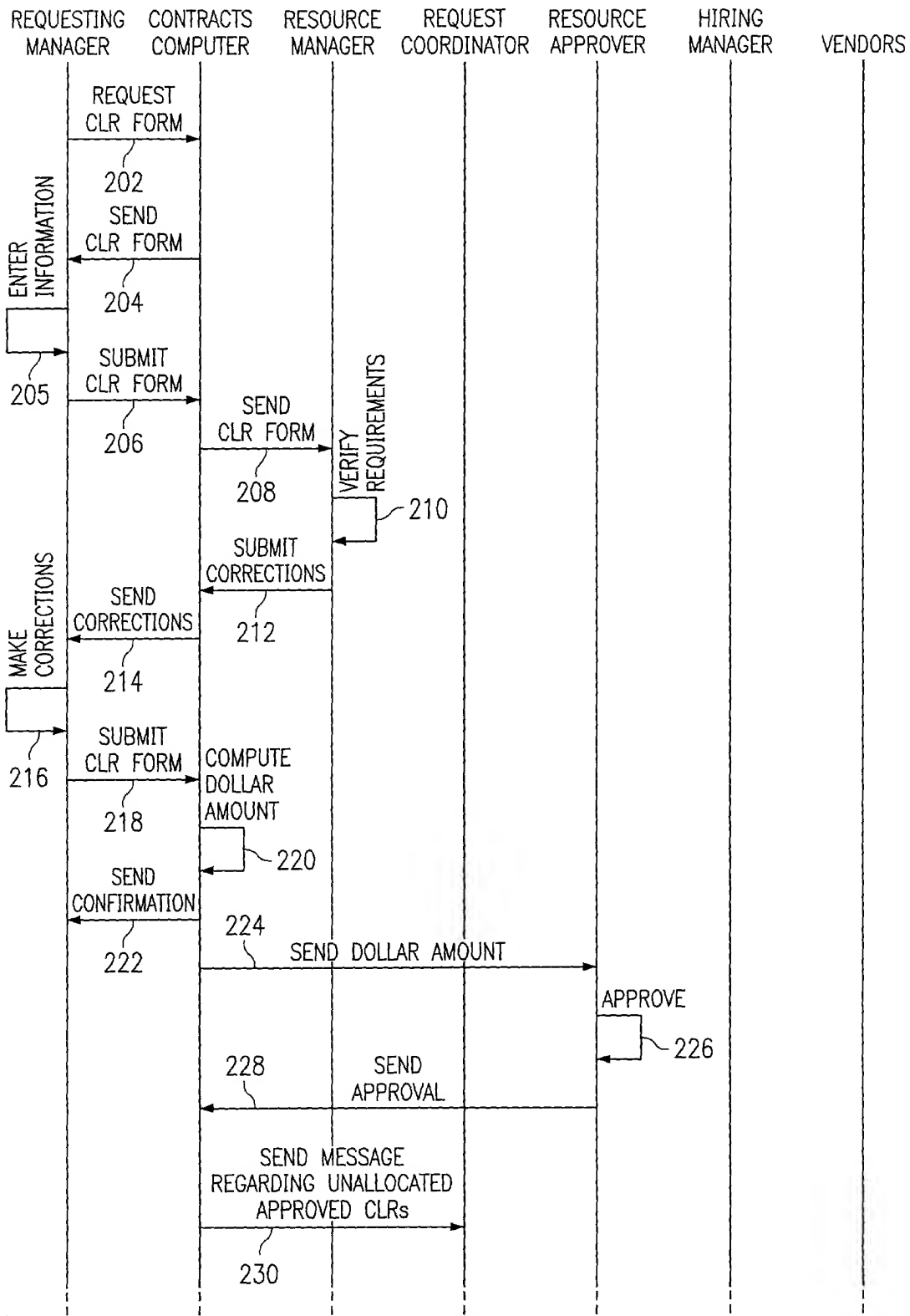


SYSTEM AND METHOD FOR MANAGING  
CONTRACT LABOR ACTIVITIES

Inventor: Ralph C. Haney  
Attorney's Docket: 65-00-001 (014208.1370)  
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FIG. 2A

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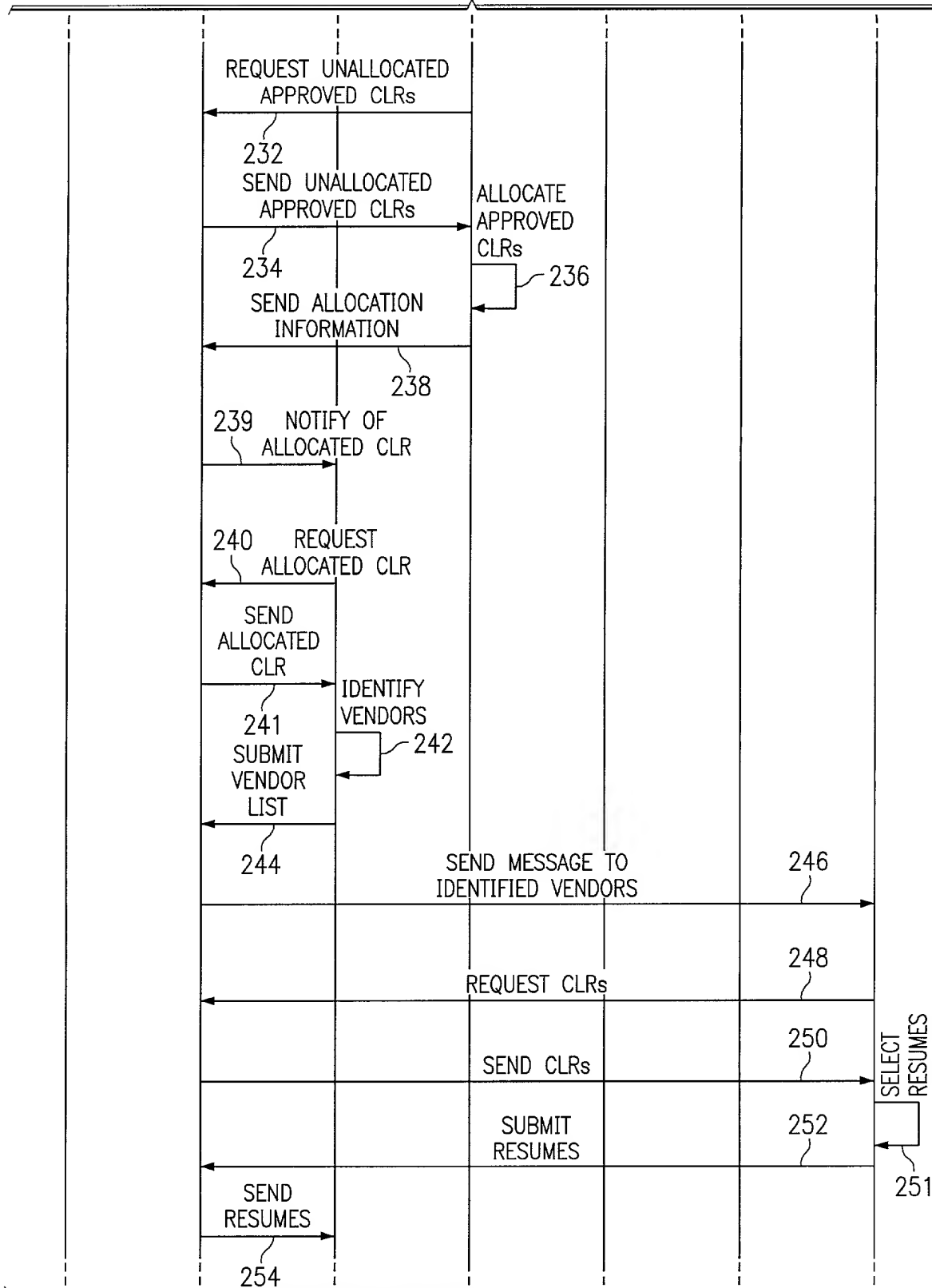


TO FIG. 2B

FIG. 2B

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FROM FIG. 2A



TO FIG. 2C

SYSTEM AND METHOD FOR MANAGING  
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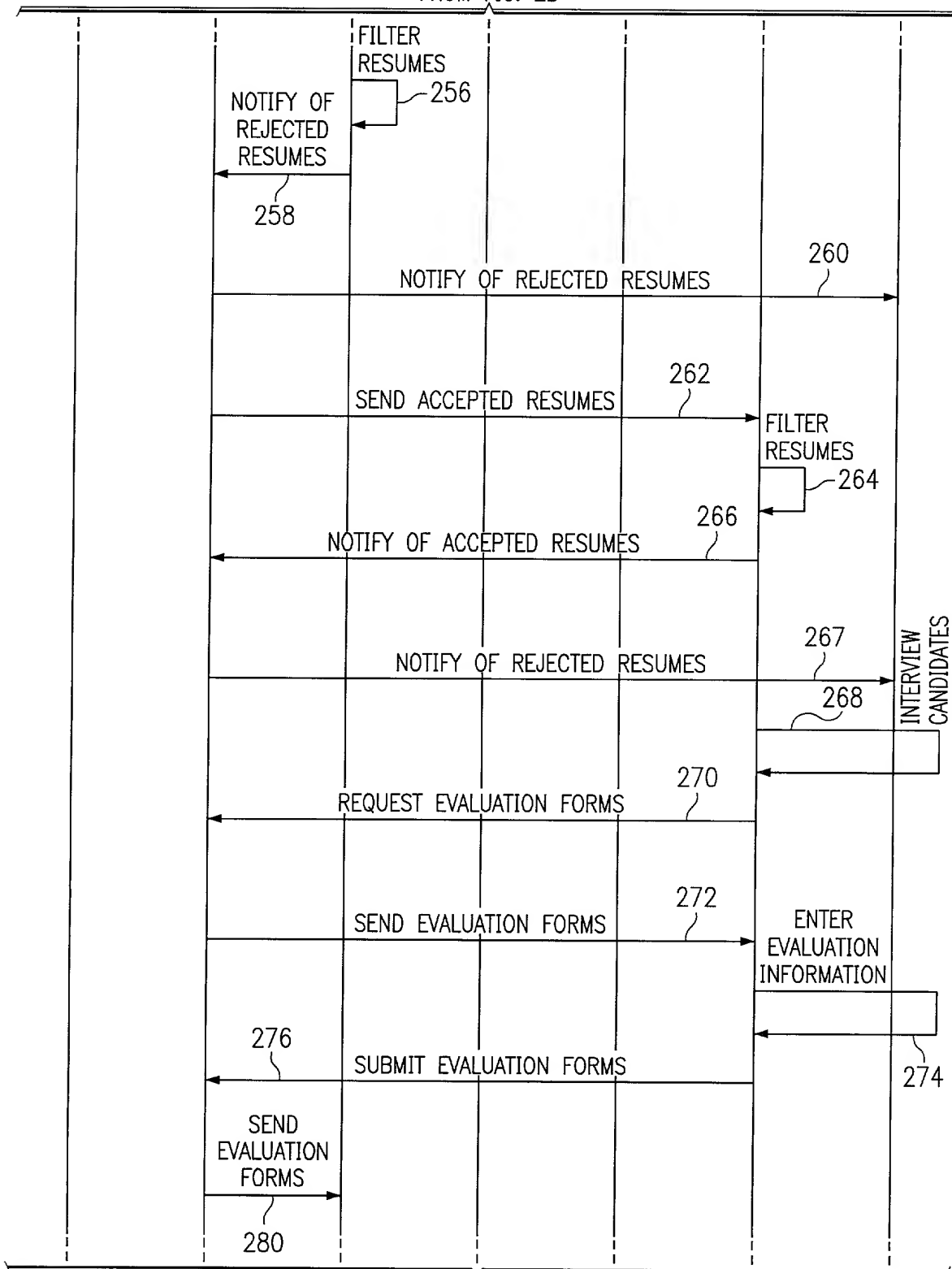
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FIG. 2C

FROM FIG. 2B

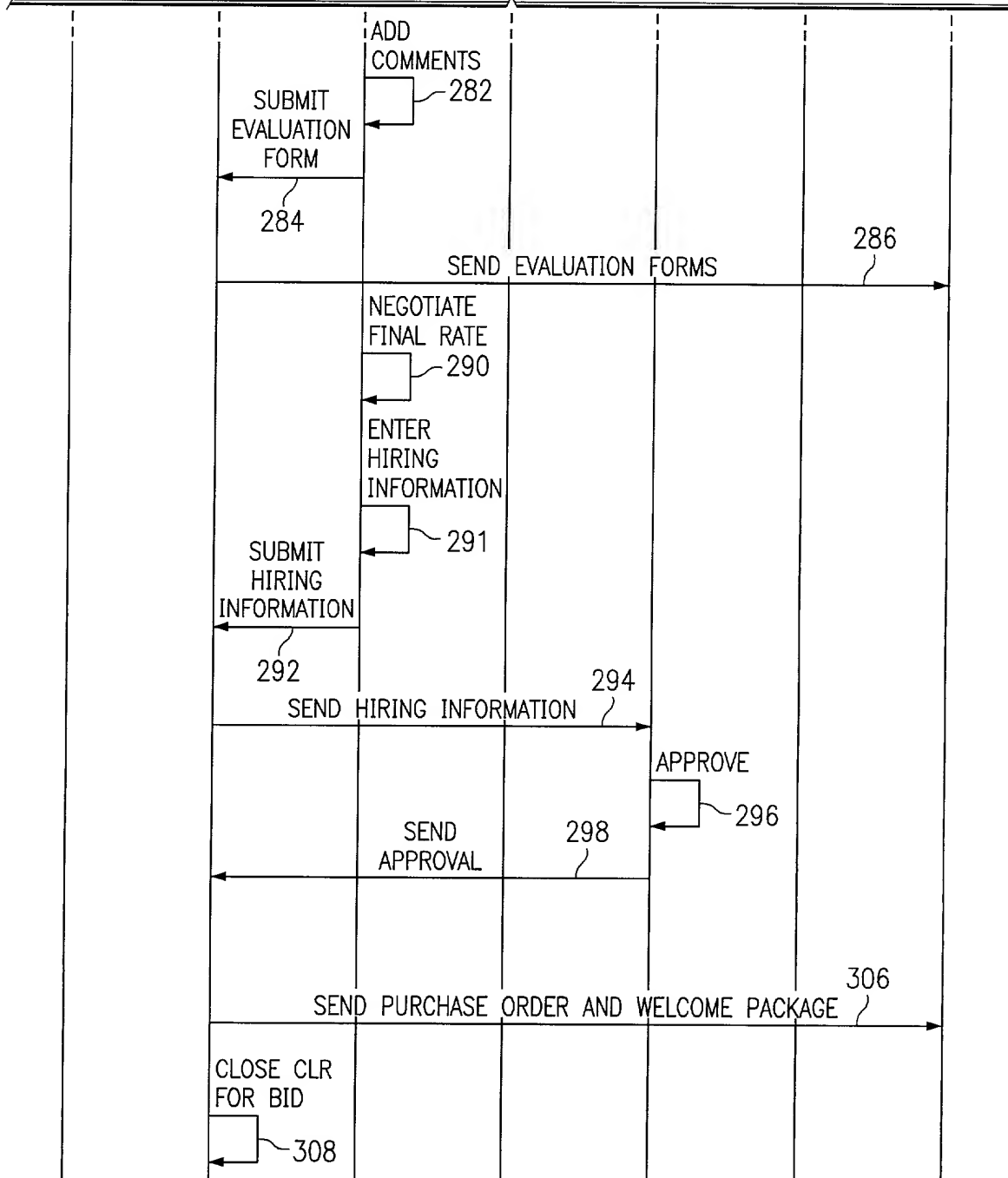


TO FIG. 2D

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FIG. 2D

FROM FIG. 2C



SYSTEM AND METHOD FOR MANAGING  
CONTRACT LABOR ACTIVITIES

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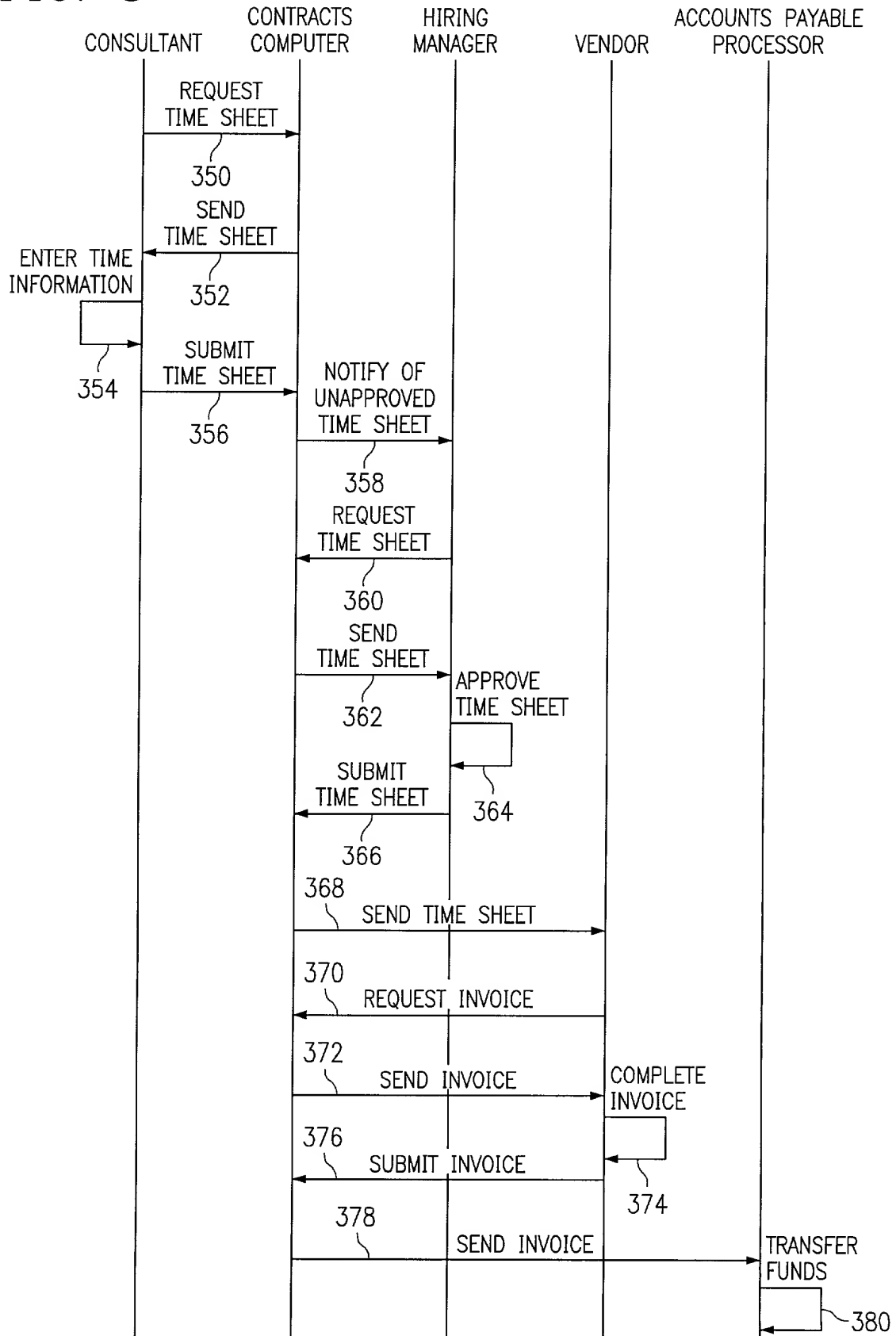
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FIG. 3

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CLR FORM

CLROrder No. : 402	Fax No. : 410
Manager : 404	RC : 412
Location : 406	MOC : 414
Phone number : 408	City : 418
	State : 416

Order Request Information

Action Type : 420	Respond to Name : 426
Action Request Date : 422	Respond to Phone : 428
Resume Due Date : 424	Respond to Fax No. : 430
Quantity : 434	Respond to email : 432
Buss. Loc. Code : 436	
Desired Skills : 438	Catalog Code : 442
Required Skills : 440	Platform : 444
	Skill : 446
	Position : 448

Additional Information

Shift Work ? 454	Projected End Date : 448
Copy Functionality : 456	Projected Start Date : 450
Will you consider foreign employees ? 458	Project Desc. : 452
Travel & Reimbursement Info. : 460	Is OT Allowed ? 464
Can become permanent ? 462	OT Definition : 466
	Differential Rate ? 468
	OT hrs Anticipated : 470

Comments from Resource Manager

472

Submit 474

FIG. 4

400

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500

FIG. 5

Resume Information Form

<u>Recruiter</u>	<input type="text"/>	502
<u>First Name</u>	<input type="text"/>	504
<u>Last Name</u>	<input type="text"/>	506
<u>Home Phone (opt)</u>	<input type="text"/>	508
<u>Work Phone (opt)</u>	<input type="text"/>	510
<u>Social Security Number</u>	<input type="text"/>	512
<u>Bill Rate</u>	<input type="text"/>	514
<u>Skill Set</u>	<input type="text"/>	516
<u>Reference</u>		
<u>Name</u>	<input type="text"/>	518
<u>Phone</u>	<input type="text"/>	520
<u>Company</u>	<input type="text"/>	522
<u>Availability date</u>	<input type="text"/>	524
<u>Is the candidate willing to become permanent?</u>	<input type="text"/>	526
<input type="button" value="Submit"/>		530



SYSTEM AND METHOD FOR MANAGING  
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FIG. 6

Time Sheet Form

Vendor Name :  602

Consultant Name:  604

Social Security Number:  606

Location:  608

Department:  610

Supervisor:  612

MOC :  614

RC :  616

618 Date	620 Start Time	622 End Time	623 Remarks	624 Regular Hours	626 Overtime Hours	628 Total Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
⋮	⋮	⋮	⋮	⋮	⋮	⋮
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

630

632